

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1	/											
2		/					51					
3							52					
4							53					
5							54					
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13							62					
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42							91					
43							92					
44							93					
45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
Total Indep	2						100					
Total Depend	19						Total Indep					
Total Claims	21						Total Depend					
							Total Claims					

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